

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only	
PCT/CA 2005/000025	
International Application No.	
10 JANUARY 2005 10.01.05	
International Filing Date	
RO/CA	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum) 08899427WO	

Box No. I TITLE OF INVENTION Diabetogenic Epitopes	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Ottawa Health Research Institute Technology Transfer Office 725 Parkdale Avenue Ottawa, Ontario K1Y 4E9 CANADA	
Telephone No. 613 - 798-5555	
Facsimile No. 613 - 761-4920	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SCOTT, Fraser W. 386 Hinton Avenue Ottawa, Ontario K1Y 1A8 CANADA	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) SCHROEDER, Hans R.; ERRATT, Judy A.; SECHLEY, Konrad A.; COLTON, Ian J.; SMITH, Dallas F. Gowling Lafleur Henderson LLP 160 Elgin Street, Suite 2600 Ottawa, Ontario Canada K1P 1C3	
Telephone No. (613) 233-1781	
Facsimile No. (613) 563-9869	
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MACFARLANE, Amanda 1769-1233 Colonel By Drive Ottawa, Ontario K1S 5B7 CANADA		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: CA		State <i>(that is, country)</i> of residence: CA	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> BURGHARDT, Karolina 606 Chenier Way, Orleans, Ontario K4A 1R1 CANADA		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: CA		State <i>(that is, country)</i> of residence: CA	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MOJIBIAN, Majid 2626 Alta Vista Drive Ottawa, Ontario K1V 7T2 CANADA		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: CA		State <i>(that is, country)</i> of residence: CA	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> 		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: 		State <i>(that is, country)</i> of residence: 	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 9 January 2004 (09.01.04)	60/535,278	US		
item (2)				
item (3)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / CA

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:	1. <input checked="" type="checkbox"/> fee calculation sheet	1
request (including declaration sheets) : 4	2. <input type="checkbox"/> original separate power of attorney	
description (excluding sequence listing and/or tables related thereto) : 80 ^{an}	3. <input type="checkbox"/> original general power of attorney	
claims : 5 ^a (6)	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	
abstract : 1	5. <input type="checkbox"/> statement explaining lack of signature	
drawings : 16	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	
Sub-total number of sheets : 106 ^{an} (107)	7. <input type="checkbox"/> translation of international application into (language):	
sequence listing : 8	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
tables related thereto :	9. <input checked="" type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)	
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :	
Total number of sheets : 114 ^a (115)	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :	
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))	(iii) <input checked="" type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :	
(i) <input type="checkbox"/> sequence listing	10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)	
(ii) <input type="checkbox"/> tables related thereto	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :	
(c) <input checked="" type="checkbox"/> also in computer readable form (Section 801(a)(ii))	(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) :	
(i) <input checked="" type="checkbox"/> sequence listing	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :	
(ii) <input type="checkbox"/> tables related thereto	11. <input type="checkbox"/> other (specify):	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
<input checked="" type="checkbox"/> sequence listing:		
<input type="checkbox"/> tables related thereto:		
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		

Figure of the drawings which should accompany the abstract: _____

Language of filing of the international application:

ENGLISH

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



Hans Schroeder Ph.D.

For receiving Office use only		2. Drawings: <input checked="" type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:	10 JANUARY 2005 10.01.05	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent):	ISA/CA	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

DELETED RO/CA

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No. **657/RA 2005/000025**

10 JANUARY 2005 10.01.05
Date stamp of the receiving Office

Applicant's or agent's
file reference

08899427WO

Applicant

Ottawa Health Research Institute et al

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE **300** **T**

2. SEARCH FEE **1600** **S**

International search to be carried out by **CA**
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } **115**
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets

i1 first 30 sheets **1489** **i1**

i2 **84** **(85)** x **16** = **1344** **(1360)** **i2**
number of sheets in excess of 30 fee per sheet

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x **fee per sheet** = **i3**

Add amounts entered at i1, i2 and i3 and enter total at I **2833** **(2849)** **I**

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) **P**

5. TOTAL FEES PAYABLE **4733** **(4749)**

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

- ☐ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons
☐ cheque ☐ bank draft ☐ revenue stamps ☒ other (specify): **VISA**

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices)

- ☐ Authorization to charge the total fees indicated above.
☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ **CIPO**
Deposit Account No.: **600000107**
Date: **10 January 2005**
Name: **Gowling Lafleur Henderson LLP**
Signature: **Gowling Lafleur Henderson LLP**

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RO/CA